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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	TBA
	Filing Date	June 21, 2006
	First Named Inventor	Michel SCHNEIDER
	Title	GAS-FILLED MICROVESICLE ASSEMBLY FOR CONTRAST IMAGING
	Art Unit	TBA
	Examiner Name	TBA
	Attorney Docket Number	BR-035 PUS 01

I hereby revoke all previous powers of attorney given in the above-identified application.

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31,834

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	X	Date	X	, 2006
Name	X	Telephone	X	
Title and Company	X	of Bracco Research S.A.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below *.☐ *Total of _____ forms are submitted.

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